Instructions for Airport Aid Application

- Item 1. Please fill in completely. Name, address, and phone number (including area code).
- Item 2. The locally approved name and proper updated runway information. Based aircraft as of application. This is important. Please specify the number of single and multi-engine.
- Item 3. Fill with your latest figures. On the runway lighting, please give what type (i.e., low, medium, high, etc.), and what item of lighting (i.e., beacon, lighted wind cone, riels and rails, etc.).
- Item 4. Fill in this area completely. The person reviewing your application will judge it on your description and priority. Number the projects 1, 2, 3, 4, etc. Give a brief but full project description. Give the full project cost, the amount you will put in (we cannot fund 100 percent of any project), and the amount you are requesting from Aviation Division. Include federal funds, if any. If you are going to use local equipment or volunteer help, put the monetary value in the last column.

Remember, the total of the first column, MUST equal the total of all other columns.

- Item 5. Complete as of today. If you have an airport development plan, please give date of completion. On the height limit zoning, if you do not have Height Limit Zoning, but have an ability to limit the height of nearby construction, mark the "Yes" box.
- Item 6. ***READ AND NOTE! GIVE US YOUR BEST ESTIMATE FOR COMPLETION. ***
- Item 7. Complete and sign.



Washington State Aviation
Airport Aid Application

Date of Request

		_					
1 Public Entity		2 Airport	2 Airport				
Name - Applicant's Representative		Runway I	Runway Length(s)				
Address (City, Street, State, Zip)		Number o	Number of Based Aircraft				
			3 Number of Annual Operations General Airline				
		Runway I	Runway Lighting				
		Low	Med.		High Intensit	High Intensity	
		Rotating	Beacon		Lighted		
		IFR					
Phor	ne (Include Area Code)		IFR VFR Nearest City Served				
			1	T			
4		Total Project	Local	Aviation Division		Volunteer Labor and	
No.	Project by Priority and Description	Costs	Funds		Funds	Materials	
	Totals						
5 Com	prehensive Airport Development Plan Yes N	0	Height Limit Zoning Yes No				
6 Expected Completion Date (Since const			nce payment will follow completion of job, our budgeting and sideration of available funds will be based on this date.)				
7 Job to be Supervised by: Name		Address					
Working Title							
Phone (Include Area Code)							
8 Signa	ature of Applicant's Representative						
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